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My pain diary

Fill it in every day, show it at your session

Rate your pain every day from 0 (no pain) to 10 (the worst pain imaginable). Save the file on your phone: it stays with you, the website receives nothing.

First name | Where does it hurt? | Diary started on

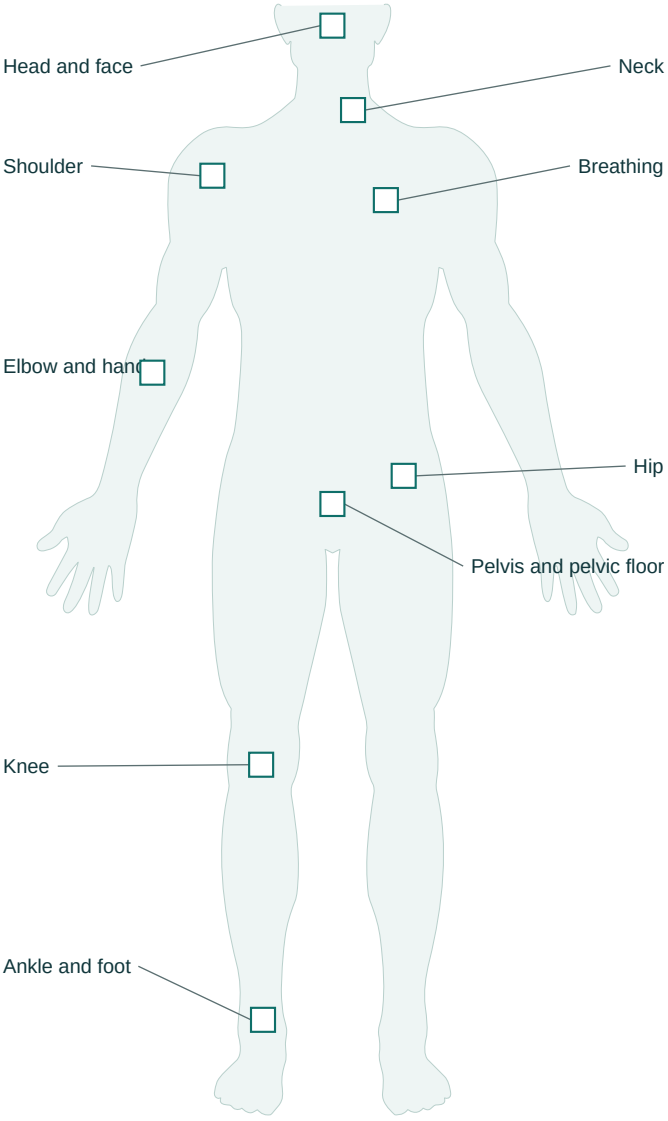
Date	Pain 0-10	What makes it worse or better	Exercises done
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Questions to ask at the session

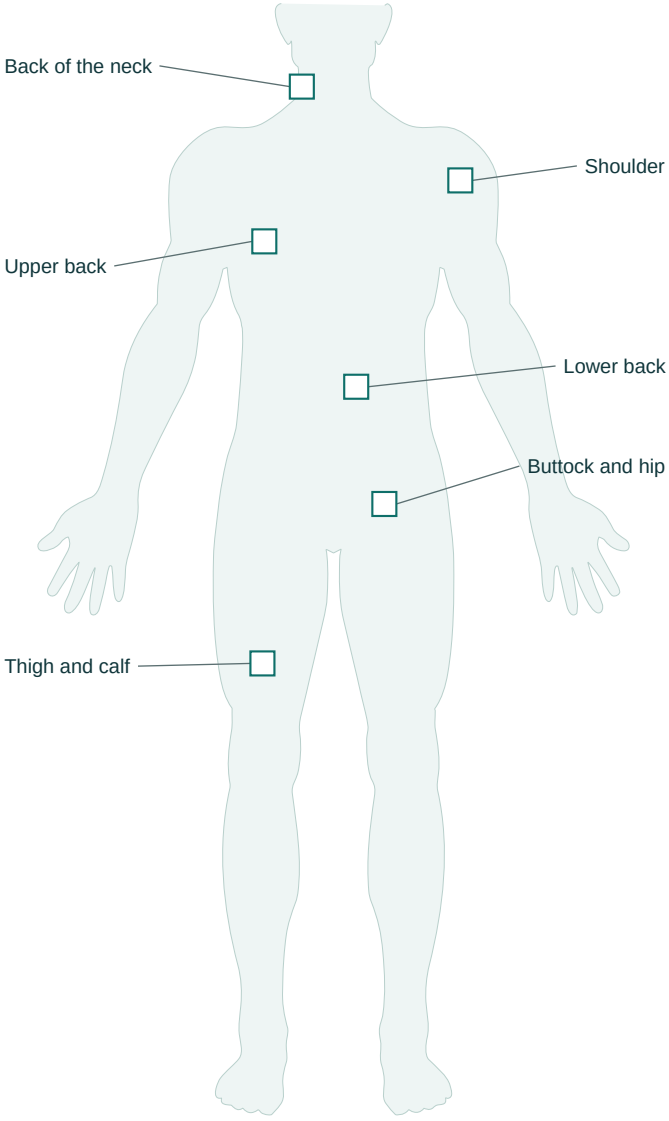
This diary does not replace medical advice. If the pain gets much worse, call the practice.

Where does it hurt?

Tick the areas concerned.



Front



Back